

## ARTICLE

# Reaccreditation Is Not Maintenance — It Is Program Strategy

In many universities, reaccreditation is treated as a cyclical administrative task. Programs collect documentation, update their self-study report, and prepare for the next site visit.

But in health professions education—particularly in programs governed by accrediting bodies such as CAPTE—reaccreditation is far more than a reporting exercise.

It is a comprehensive evaluation of whether a program’s **curriculum, faculty structure, assessment systems, clinical education infrastructure, and institutional resources remain aligned with accreditation standards.**

Programs that treat reaccreditation as a documentation process often find themselves struggling late in the cycle.

Programs that treat it as a strategic exercise navigate the process far more successfully.

## The Reaccreditation Timeline Is Longer Than Most Institutions Realize

Physical therapy programs typically undergo reaccreditation every **10 years**, but effective preparation rarely begins at the start of the official review process.

Most programs benefit from beginning structured preparation **2-3 years in advance**. This allows time to evaluate critical components that accrediting bodies assess, including:

- Program mission and goals
- Faculty qualifications, workload, and scholarly activity assessment

- Curriculum review, including the rationale and data behind program changes
- Assessment systems across admissions, student learning, graduate outcomes, and overall program performance
- Clinical education infrastructure
- Policies, procedures, and administrative support

**When these areas are examined early, institutions can address gaps through deliberate improvement rather than rushed documentation.**

## Assessment Systems Are Often the Weakest Link

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One of the most common reaccreditation challenges involves **program assessment systems**.

Programs often collect significant amounts of data across admissions, enrollment, student performance, course and curriculum evaluation, faculty effectiveness, clinical education, and program resources. But accrediting bodies require more than data collection alone. They expect clear evidence that programs systematically review that information, interpret it meaningfully, and use it to guide improvement.

**CAPTE standards in physical therapy**, for example, reflect a broad assessment framework tied not only to student outcomes, but also to enrollment

patterns, faculty and curriculum needs, and the adequacy of program resources. Occupational therapy programs face similar expectations, with accrediting review extending beyond student outcomes alone to include broader program performance and quality.

Programs that lack a clear assessment structure or a consistent process for reviewing and acting on program data may struggle to demonstrate how decisions are informed, prioritized, and sustained over time.

**This is rarely a problem that can be solved during the final months before a site visit. It requires sustained implementation over time.**

## Faculty Capacity Matters More Than Many Programs Expect

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Reaccreditation reviews frequently examine how faculty roles support program quality. Questions often arise around:

- Teaching assignments and workload
- Advising responsibilities
- Scholarship expectations
- Clinical education oversight
- Governance participation

Programs that have expanded enrollment or adopted hybrid delivery models may find that original faculty workload assumptions no longer align with current program operations.

**Early evaluation of faculty structure helps institutions address these issues proactively.**

## Clinical Education Infrastructure Must Match Program Growth

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Clinical education remains one of the most resource-intensive components of professional health education programs.

Accrediting bodies expect programs to demonstrate that placement experiences support enrollment levels and learning outcomes, while also showing that clinical faculty receive the communication and educational support needed to sustain a high-quality learning experience.

**Programs experiencing growth may find that clinical capacity becomes a limiting factor unless partnerships are intentionally expanded, maintained, and supported through consistent engagement with clinical faculty.**

## Reaccreditation Is an Opportunity for Program Strengthening

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While reaccreditation reviews can feel high-stakes, they also offer institutions an opportunity to strengthen program infrastructure.

Programs that approach reaccreditation strategically often emerge with:

- clearer program assessment systems
- stronger faculty role definitions
- improved documentation and governance processes
- better alignment between curriculum and outcomes

**The reaccreditation process becomes less about proving compliance and more about demonstrating program maturity.**

## Final Thought

Reaccreditation will always require documentation and evidence. But successful programs recognize that these requirements reflect something deeper.

They represent an opportunity to ensure that program structure, faculty capacity, and operational systems continue to support high-quality professional education.

Institutions that begin this work early may still find reaccreditation demanding, but they are more likely to experience it as a validating process shaped by thoughtful assessment, reflection, and discussion around program strengths and areas for improvement.

Universities navigating accreditation decisions often benefit from specialized expertise that bridges academic strategy, program design, and accreditation readiness.

**Rehab Essentials** partners with university leadership teams to support program development, accreditation preparation, reaccreditation strategy, and expansion planning for professional health education programs. Our experienced group of advisors work alongside institutions to translate strategic goals into executable program plans aligned with



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